

Please refer to the *Instructions for Filing Notification* before completing this form. The information requested here is required by law (Section 3010 of the Resource Conservation and Recovery Act).



# Notification of Regulated Waste Activity

United States Environmental Protection Agency

Date Received  
(For Official Use Only)

DEC 9 1991

## I. Installation's EPA ID Number (Mark 'X' in the appropriate box)



A. First Notification



B. Subsequent Notification  
(complete item C)

C. Installation's EPA ID Number

VAD988200804

## II. Name of Installation (Include company and specific site name)

C O A S T A L M A R T I N C # 9 0 1

## III. Location of Installation (Physical address not P.O. Box or Route Number)

Street

5 0 1 E A S T T H I R D S T R E E T

Street (continued)

City or Town

F A R M V I L L E

State

ZIP Code

V A

2 3 9 0 1 -

County Code

County Name

1 4 7

P R I N C E E D W A R D

## IV. Installation Mailing Address (See Instructions)

Street or P.O. Box

4 5 2 2 O L D C A V E S P R I N G R D

City or Town

R O A N O K E V I R G I N I A

State

ZIP Code

V A

2 4 0 1 8 -

## V. Installation Contact (Person to be contacted regarding waste activities at site)

Name (last)

L i c c i a r d e l l o

(first)

R u s s e l l

Job Title

E N V I R S U P V

Phone Number (area code and number)

7 0 3 - 7 7 2 - 0 9 2 8

## VI. Installation Contact Address (See Instructions)

A. Contact Address

Location Mailing

☐

☐

B. Street or P.O. Box

P O B O X 1 0 0 0

City or Town

W E S T V I L L E

State

ZIP Code

N J

0 8 0 9 3 -

## VII. Ownership (See Instructions)

A. Name of Installation's Legal Owner

L M H U G H E Y C O

Street, P.O. Box, or Route Number

2 0 5 S H O O V E R S T

City or Town

T A M P A

State

ZIP Code

F L

3 3 6 0 9 -

Phone Number (area code and number)

8 1 3 - 2 8 6 - 2 3 2 3

B. Land Type

P

C. Owner Type

P

D. Change of Owner Indicator

Yes

No

(Date Changed)  
Month Day Year

**VIII. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes. Refer to instructions.)**

A. Hazardous Waste Activity		B. Used Oil Fuel Activities
<input type="checkbox"/> 1. Generator (See Instructions) <input checked="" type="checkbox"/> a. Greater than 1000kg/mo (2,200 lbs.) <input type="checkbox"/> b. 100 to 1000 kg/mo (220 - 2,200 lbs.) <input type="checkbox"/> c. Less than 100 kg/mo (220 lbs.) <input type="checkbox"/> 2. Transporter (Indicate Mode in boxes 1-5 below) <input type="checkbox"/> a. For own waste only <input type="checkbox"/> b. For commercial purposes Mode of Transportation <input type="checkbox"/> 1. Air <input type="checkbox"/> 2. Rail <input type="checkbox"/> 3. Highway <input type="checkbox"/> 4. Water <input type="checkbox"/> 5. Other - specify <span style="border: 1px solid black; display: inline-block; width: 100px; height: 1em; vertical-align: middle;"></span>	<input type="checkbox"/> 3. Treater, Storer, Disposer (at installation) Note: A permit is required for this activity; see instructions. <input type="checkbox"/> 4. Hazardous Waste Fuel <input type="checkbox"/> a. Generator Marketing to Burner <input type="checkbox"/> b. Other Marketers <input type="checkbox"/> c. Burner - indicate device(s) - Type of Combustion Device <input type="checkbox"/> 1. Utility Boiler <input type="checkbox"/> 2. Industrial Boiler <input type="checkbox"/> 3. Industrial Furnace <input type="checkbox"/> 5. Underground Injection Control	<input type="checkbox"/> 1. Off-Specification Used Oil Fuel <input type="checkbox"/> a. Generator Marketing to Burner <input type="checkbox"/> b. Other Marketer <input type="checkbox"/> c. Burner - indicate device(s) - Type of Combustion Device <input type="checkbox"/> 1. Utility Boiler <input type="checkbox"/> 2. Industrial Boiler <input type="checkbox"/> 3. Industrial Furnace <input type="checkbox"/> 2. Specification Used Oil Fuel Marketer (or On-site Burner) Who First Claims the Oil Meets the Specification

**IX. Description of Regulated Wastes (Use additional sheets if necessary)**

**A. Characteristics of Nonlisted Hazardous Wastes.** Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles. (See 40 CFR Parts 261.20 - 261.24)

1. Ignitable (D001)	2. Corrosive (D002)	3. Reactive (D003)	4. Toxicity Characteristic (D000)	(List specific EPA hazardous waste number(s) for the Toxicity Characteristic contaminant(s))
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	D 0 1 8 <span style="border: 1px solid black; display: inline-block; width: 20px; height: 1em;"></span> <span style="border: 1px solid black; display: inline-block; width: 20px; height: 1em;"></span> <span style="border: 1px solid black; display: inline-block; width: 20px; height: 1em;"></span> <span style="border: 1px solid black; display: inline-block; width: 20px; height: 1em;"></span> <span style="border: 1px solid black; display: inline-block; width: 20px; height: 1em;"></span> <span style="border: 1px solid black; display: inline-block; width: 20px; height: 1em;"></span> <span style="border: 1px solid black; display: inline-block; width: 20px; height: 1em;"></span> <span style="border: 1px solid black; display: inline-block; width: 20px; height: 1em;"></span> <span style="border: 1px solid black; display: inline-block; width: 20px; height: 1em;"></span> <span style="border: 1px solid black; display: inline-block; width: 20px; height: 1em;"></span>

**B. Listed Hazardous Wastes.** (See 40 CFR 261.31 - 33. See instructions if you need to list more than 12 waste codes.)


1 <div style="border: 1px solid black; width: 40px; height: 20px;"></div>	2 <div style="border: 1px solid black; width: 40px; height: 20px;"></div>	3 <div style="border: 1px solid black; width: 40px; height: 20px;"></div>	4 <div style="border: 1px solid black; width: 40px; height: 20px;"></div>	5 <div style="border: 1px solid black; width: 40px; height: 20px;"></div>	6 <div style="border: 1px solid black; width: 40px; height: 20px;"></div>
7 <div style="border: 1px solid black; width: 40px; height: 20px;"></div>	8 <div style="border: 1px solid black; width: 40px; height: 20px;"></div>	9 <div style="border: 1px solid black; width: 40px; height: 20px;"></div>	10 <div style="border: 1px solid black; width: 40px; height: 20px;"></div>	11 <div style="border: 1px solid black; width: 40px; height: 20px;"></div>	12 <div style="border: 1px solid black; width: 40px; height: 20px;"></div>

**C. Other Wastes.** (State or other wastes requiring an I.D. number. See instructions.)

1 <div style="border: 1px solid black; width: 40px; height: 20px;"></div>	2 <div style="border: 1px solid black; width: 40px; height: 20px;"></div>	3 <div style="border: 1px solid black; width: 40px; height: 20px;"></div>	4 <div style="border: 1px solid black; width: 40px; height: 20px;"></div>	5 <div style="border: 1px solid black; width: 40px; height: 20px;"></div>	6 <div style="border: 1px solid black; width: 40px; height: 20px;"></div>
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**X. Certification**

*I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment.*

Signature 	Name and Official Title (type or print) Russell Licciardello Coastal Mart, Inc. Supv. Env.	Date Signed 5-10-91
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**XI. Comments**

**Note:** Mail completed form to the appropriate EPA Regional or State Office. (See Section III of the booklet for addresses.)



ACKNOWLEDGEMENT OF NOTIFICATION  
OF REGULATED WASTE ACTIVITY  
(VERIFICATION)

This is to acknowledge that you have filed a Notification of Regulated Waste Activity for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA ID. NUMBER

VAD988200804  
COASTAL MART INC #901  
PO BOX 1000  
WESTVILLE , NJ 08093  
RUSSELL LICCIARDELLO ENVIR SUP

INSTALLATION ADDRESS

501 E THIRD ST  
FARMVILLE , VA 23901

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EPA

# Notification of Regulated Waste Activity

United States Environmental Protection Agency

Date Received  
(For Official Use Only)

MAY 21 1999

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11AD988200804

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C O A S T A L M A R T I N C # 9 0 1

## III. Location of Installation (Physical address not P.O. Box or Route Number)

Street

5 0 1 E A S T T H I R D S T R E E T

Street (continued)

City or Town

State

ZIP Code

F A R M V I L L E V A 2 3 9 0 1 -

County Code

County Name

1 4 9 P R I N C E E D W A R D

## IV. Installation Mailing Address (See Instructions)

Street or P.O. Box

4 5 2 2 O L D C A V E S P R I N G R D

City or Town

State

ZIP Code

R O A N O K E V I R G I N I A V A 2 4 0 1 8 -

## V. Installation Contact (Person to be contacted regarding waste activities at site)

Name (last)

(first)

L i c c i a r d e l l o R u s s e l l

Job Title

Phone Number (area code and number)

E N V I R S U P V 7 0 3 - 7 7 2 - 0 9 2 8

## VI. Installation Contact Address (See Instructions)

A. Contact Address  
Location Mailing

B. Street or P.O. Box

City or Town

State

ZIP Code

## VII. Ownership (See Instructions)

A. Name of Installation's Legal Owner

L M H U G H E Y C O

Street, P.O. Box, or Route Number

2 0 5 W E S T H O O V E R S T

City or Town

State

ZIP Code

T A M P A F L 3 3 6 0 9 -

Phone Number (area code and number)

B. Land Type

C. Owner Type

D. Change of Owner  
Indicator

(Date Changed)  
Month Day Year

8 1 3 - 2 8 6 - 2 3 2 3 P P Yes No



**VIII. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes. Refer to instructions.)**

A. Hazardous Waste Activity	B. Used Oil Fuel Activities
<p>1. Generator (See Instructions)</p> <p><input type="checkbox"/> a. Greater than 1000kg/mo (2,200 lbs.)</p> <p><input checked="" type="checkbox"/> b. 100 to 1000 kg/mo (220 - 2,200 lbs.)</p> <p><input type="checkbox"/> c. Less than 100 kg/mo (220 lbs.)</p> <p>2. Transporter (Indicate Mode in boxes 1-5 below)</p> <p><input type="checkbox"/> a. For own waste only</p> <p><input type="checkbox"/> b. For commercial purposes</p> <p>Mode of Transportation</p> <p><input type="checkbox"/> 1. Air</p> <p><input type="checkbox"/> 2. Rail</p> <p><input type="checkbox"/> 3. Highway</p> <p><input type="checkbox"/> 4. Water</p> <p><input type="checkbox"/> 5. Other Specify _____</p>	<p>3. Treater, Storer, Disposer (at installation) Note: A permit is required for this activity; see instructions.</p> <p>4. Hazardous Waste Fuel</p> <p><input type="checkbox"/> a. Generator Marketing to Burner</p> <p><input type="checkbox"/> b. Other Marketers</p> <p><input type="checkbox"/> c. Burner - indicate device(s) - Type of Combustion Device</p> <p><input type="checkbox"/> 1. Utility Boiler</p> <p><input type="checkbox"/> 2. Industrial Boiler</p> <p><input type="checkbox"/> 3. Industrial Furnace</p> <p><input type="checkbox"/> 5. Underground Injection Control</p>
	<p>1. Off-Specification Used Oil Fuel</p> <p><input type="checkbox"/> a. Generator Marketing to Burner</p> <p><input type="checkbox"/> b. Other Marketers</p> <p><input type="checkbox"/> c. Burner - indicate device(s) - Type of Combustion Device</p> <p><input type="checkbox"/> 1. Utility Boiler</p> <p><input type="checkbox"/> 2. Industrial Boiler</p> <p><input type="checkbox"/> 3. Industrial Furnace</p> <p>2. Specification Used Oil Fuel Marketer (or On-site Burner) Who First Claims the Oil Meets the Specification</p> <p><input type="checkbox"/></p>

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<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	D 0 1 8

**B. Listed Hazardous Wastes.** (See 40 CFR 261.31 - 33. See instructions if you need to list more than 12 waste codes.)

1	2	3	4	5	6
7	8	9	10	11	12

**C. Other Wastes.** (State or other wastes requiring an I.D. number. See instructions.)

1	2	3	4	5	6

**X. Certification**

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment.

Signature <i>Russell Licciardello</i>	Name and Official Title (type or print) Russell Licciardello Coastal Mart, Inc. Supv. Env.	Date Signed 5-10-91
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**XI. Comments**

**GENERAL STATE SECTION**

MAY 20 1991

EPA-83

Note: Mail completed form to the appropriate EPA Regional or State Office. (See Section III of the booklet for addresses.)



**ACKNOWLEDGEMENT OF NOTIFICATION  
OF HAZARDOUS WASTE ACTIVITY  
(VERIFICATION)**

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EPA I.D. NUMBER

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VAD988200804

INSTALLATION ADDRESS

LICCIARDELLO RUSSELL ENVIR SUP  
COASTAL MART INC #901  
4522 OLD CAVE SPRING RD  
ROANOKE VA 24018

501 E THIRD ST  
FARMVILLE VA 23901